COMMONWEALTH OF VIRGINIA

Information Required for a Marriage License

(This information is required from both parties to be completed on our Marriage License Kiosk computer)

PRESENT NAME:			
(First)	(Middle)		(Last)
MAIDEN SURNAME ((If different from present Last N	Name):	
GENDER: MALE	FEMALEPLACEPLACEPLACEPLACE	ORM OLERK	SOFFICE
AGE: DATE (OF BIRTHLIVE PLACE	E OF BIRTH:_	(State or Foreign Country)
RACE:	FILL WUMBER OF THIS M	MARRIAGE:	(1st 2nd 3rd etc.)
DIVORC IO WID	OWED:(Most Recent Marriag	e)	(1,2,5,610.)
(Specify only highest gr	rade completed)		
EDUCATION:	(1-12 or GED) COLI	LEGE: (# of year	s):
HOME ADDRESS:			
(Street address or Route	:#)		
CITY / or / COUNTY:		STATE:	ZIP:
Give names of natural p	arents at birth, unless legally ac	lopted. Give nan	nes that appear on birth certificate
NAME OF PARENT: _	(First, Middle, Last, Suffix)		_ PARENT'S GENDER:
NAME OF PARENT: _			_ PARENT'S GENDER:
Provide a phone number	r where you can be reached dur	ing daytime hou	rs:

NOTICES:

- The above information is required by the state registrar of Vital Statistics and VA Code §32.1-267
- The License is only good for 60 days from the date issued.
- Any unused license must be returned to the clerk's office where it was issued.